ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEF	PHONE AND FAX NOS.:	FOR COURT USE ONLY
TTOOLEY FOR ALL.		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
GUARDIANSHIP OF THE PERSON ESTATE OF (Name):		
	MINOR	
CONSENT OF PROPOSED GUARDIAN		CASE NUMBER:
NOMINATION OF GUARDIAN		
WAIVER OF NOTICE AND CONSENT		
CONSENT OF PROPOSEI	D GUARDIAN	
1. I consent to serve as guardian of the person estate of	of the minor.	
Date:		
Date.		
(TYPE OR PRINT NAME)		NATURE OF PROPOSED GUARDIAN)
NOMINATION OF GU		
2. I am a parent of the minor donor of a gift to the minor	or. I nominate (na	me and address):
as guardian of the person estate of the minor.		
3. I am a parent of the minor donor of a gift to the minor	or I nominate <i>(na</i>	me and address):
o. Turn a parent of the minor donor of a gift to the minor	n. Thommate (na	me and address).
as guardian of the person estate of the minor.		
Date:		
7		
(TYPE OR PRINT NAME)		(SIGNATURE)
(TYPE OR PRINT NAME) CONSENT AND WAIVER	OF NOTICE	(SIGNATURE)
CONSENT AND WAIVER 4. I am entitled to notice in this proceeding, but I waive Notice of Hearing	of the petition. I c	
CONSENT AND WAIVER	of the petition. I c	
CONSENT AND WAIVER 4. I am entitled to notice in this proceeding, but I waive Notice of Hearing	of the petition. I c	
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4. I am entitled to notice in this proceeding, but I waive Notice of Hearing requested in the Petition for Appointment of Guardian of Minor filed on	of the petition. I c (date):	onsent to appointment of the guardian as
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